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PTO/SB/01 (10-01)
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SECLADATION FOR LITTLEY OR	Attorney Docket Num	ber 29US			
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	John Hefti et al.			
PATENT APPLICATION (37 CFR 1.63)	COMPLETE IF KNOWN				
	Application Number	10 / 073,827			
Declaration X Declaration	Filing Date	February 11, 2002			
Submitted OR Submitted after Initial with Initial Filing (surcharge	Art Unit	Not Assigned			
Filing (37 CFR 1.16 (e))	Examiner Name	Not Assigned			

Filing	require	ed)	Examiner Name	Not Assigned	d			
As the below named inven	ntor, I hereby decl	are that:						
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original an	nd first inventor of the	ne subject matter wi	hich is claimed and for	which a patent is sou	ight on the invention entitled:			
A SYSTEM AND METHOD FOR CHARACTERIZING THE PERMITTIVITY OF MOLECULAR EVENTS								
<u> </u>		(Title of the In	vention)					
(Title of the Invention) the specification of which is attached hereto								
OR X was filed on (MM/DD/Y								
Application Number 10/073	3,827	and was amended	(if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	ion (Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?			
	,		, <u>,</u>		YES NO			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR X Correspondence address below					
Name Rich Neeley					
Address Signature BioScience, Inc 21124 C	Sabot Boulevard				
City Hayward		State CA	ZIP 94545-1130		
Country USA	Telephone 510 57	76-2334	Fax 510 576-2434		
I hereby declare that all statements made herein of r are believed to be true; and further that these stater made are punishable by fine or imprisonment, or bot validity of the application or any patent issued thereor	ments were mage with under 18 H S C 1				
NAME OF SOLE OR FIRST INVENTOR:	A petition	has been filed for this unsig	gned inventor		
Given Name John (first and middle [if any])		Family Name Hefti or Surname			
Inventor's Signature			Date		
San Francisco Residence: City	CA State	USA Country	USA Citizenship		
21 Escondido Avenue Mailing Address			1		
City San Francisco	State CA	ZIP 94132	Country USA		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor					
Given Name Hong Family Name Peng or Surname					
Inventor's Signature Date 3-22-2062					
Fremont Residence: City	State CA	Country USA	CHINA		
39639 Leslie Street, Apt. 163					
City Fremont	State CA	ZIP 94538	Country USA		
X Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1__ of 1__

Name of Additional Joint Inventor, if a	A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname			
David		Ва	laban			
Inventor's David 1. Ba	later	٤			Date 4/3/62	
Residence: City San Jose	State Ca		Country USA		Citizenship USA	
Mailing Address 7127 Glenview Drive						
Mailing Address						
_{City} San Jose	State CA		ZIP 95120 Co	ountr	y USA	
Name of Additional Joint Inventor, if a	ny:		A petition has been filed f	or this	s unsigned inventor	
Given Name (first and middle [if any	<u>(1)</u>	Family Name or Surname				
Joseph		Heanue				
Inventor's Signature men al. Hannel					Date 4/24/62	
Residence: City Half Moon Bay	State CA		Country USA		Citizenship USA	
Mailing Address 105 Troon Way						
Mailing Address						
_{City} Half Moon Bay	State CA		ZIP 94019	Cour	_{ntry} USa	
Name of Additional Joint Inventor, if a	ny:		A petition has been filed fo			
Given Name (first and middle [if any])	Family Name or Surname				
Inventor's Signature Date				Date		
Residence: City	State		Country		Citizenship	
Mailing Address						
Mailing Address						
City	State		710			

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED. FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing

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OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

spond to a collection of intom	iation u	ness it contains a valid ONB control number.		
Attorney Docket Number		29US		
First Named Inventor		John Hefti et al.		
COMPLI	ETE IF	KNOWN		
Application Number	10	/ 073,827		
Filing Date	Fel	oruary 11, 2002		
Art Unit	Not Assigned			
Examiner Name	Not Assigned			

As the below named inventor, I her	reby declare that:							
My residence, mailing address, and o	citizenship are as stated belo	ow next to my name.						
I believe I am the original and first inv	ventor of the subject matter	which is claimed and for wh	nich a patent is sou	ght on the invention entitled:				
A SYSTEM AND METHOD FOR CHARACTERIZING THE PERMITTIVITY OF MOLECULAR EVENTS								
	(Title of the I	Invention)						
Application Number 10/073,827 hereby state that I have reviewed an any amendment specifically referred to acknowledge the duty to disclose info	d understand the contents on above.	ed on (MM/DD/YYYY) of the above identified specion patentability as defined in	ification, including t	uding for continuation-in-part				
applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant preeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant preeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
Additional foreign application as								

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Numbe or Bar Code Labe	. 1	OR X Corr	respondence address below		
Name Rich Neeley					
Address Signature BioScience, Inc 21124 Cabo	t Boulevard				
City Hayward	s	tate CA	ZIP 94545-1130		
Country USA Tele	510 576-2	334	Fax 510 576-2434		
I hereby declare that all statements made herein of my or are believed to be true; and further that these statement made are punishable by fine or imprisonment, or both, ur validity of the application or any patent issued thereon.	ts were made with th	e knowledge that willful false	statements and the like so		
NAME OF SOLE OR FIRST INVENTOR :	A petition has	been filed for this unsign	ned inventor		
Given Name John (first and middle [if any])		amily Name Hefti r Surname			
Inventor's Signature	T	194 mark magness	Date 24 March 200		
San Francisco Residence: City	CA State	USA Country	USA Citizenship		
21 Escondido Avenue Mailing Address					
City San Francisco	State CA	ZIP 94132	Country		
NAME OF SECOND INVENTOR:	A petition has be	een filed for this unsigne	d inventor		
Given Name (first and middle [if any])		mily Name Peng Surname			
Inventor's Signature Date					
Fremont Residence: City	State CA	USA Country	CHINA Citizenship		
39639 Leslie Street, Apt. 163 Mailing Address					
City Fremont	State CA	2IP 94538	USA Country		
X Additional inventors are being named on the 1 sup	pplemental Additional	Inventor(s) sheet(s) PTO/SB/0	02A attached hereto.		

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Please type a plus sign (+) inside this box +	PTO/SB/02A (11-00) Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Declaration Under the Paperwork Reduction Act of 1995, no persons are require DECLARATION	d to respond to a collection of information unless it contains a valid OMB control number. ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1 Page 1
Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor
Given Name (first and middle [if any])	Family Name or Surname
David	Balaban
Inventor's Signature	Date

Given Name (first and middle [if any])			Family Name or Surname			
David			Balaban			
Inventor's Signature						Date
Residence: City San Jose	Sta	_{te} Ca		Country USA		Citizenship USA
Mailing Address 7127 Glenview Drive						
Mailing Address						
City San Jose	Sta	_{ite} CA		_{ZIP} 95120 c	ountr	, USA
Name of Additional Joint Inventor, if an	ıy:			A petition has been filed		
Given Name (first and middle [if any])			Family Name	or S	ırname
Joseph				Heanue		
Inventor's Signature						Date
Residence: City Half Moon Bay	Sta	ate CA		Country USA		Citizenship USA
Mailing Address 105 Troon Way						
Mailing Address						
City Half Moon Bay	Sta	_{ate} CA		ZIP 94019	Cour	_{ntry} USa
Name of Additional Joint Inventor, if ar				A petition has been filed fo		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Given Name (first and middle [if any])		•	Family Name or Surname			
Inventor's Signature						Date
Residence: City	State		Country			Citizenship
Mailing Address						
Mailing Address						
City	State	e		ZIP	Co	untry

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. (2)	Application Number	10/073,827
17 1 2	Filing Date	February 11, 2002
1 3 2002 E	First Named Inventor	John Hefti et al.
POWER OF ATTORNEY OR	Title	A SYSTEM AND METHOD FOR
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Group Art Unit	Not Assigned
	Examiner Name	Not Assigned
	Attorney Docket Number	29US

I hereby appoint:					
Practitioners at Customer Number 26618 — Practitioners at Customer Number 26618					
Practitioner(s) named below:				26618	
	Name		Regis	Registration Mundantik Office	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
Please change the correspondence address for the above-identified application to:					
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City Country			State	Zip	
Telephone			Fax		
l am the:					
Applicant/Inventor.					
X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Francosik Hellor Signatura BioScience Inc					
Name 2					
Signature					
Date 5-3-02					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
□ *Total of <u>1</u> forms are submitted.					
Burden Hour Statement This	form is astimated to take 3	minutes to complete. Time will vary	depending upon the	needs of the individual case. Any comments	